

STATE OF SOUTH CAROLINA

Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Film Production Funding DBA CR Limo & Taxi

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2015 - 139 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Please type or print)

Submitted by: Curtis Ross

Telephone: 843-224-3086

Address: 2305 Peace Street N Charleston SC 29405

Fax:

Other:

Email: cleeross7@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
APR 02 2015
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: April 1, 2015

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Film Production Funding, LLC

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

dba CR Limo and Taxi

2305 Peace Street N, Charleston SC 29405

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-224-3086

Phone

Fax

cleeross7@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Curtis Ross 2305 Peace street Charleston SC 29405

Shawn Ross 779 Rutledge Ave Charleston SC 29403

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 03 Year 2014

Assets:

Cash	3000
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	26000
Garage Equipment (Net)	0
Machinery and Tools (Net)	500
Supplies on Hand	0
Prepays and Other Assets	2000
Total Assets*	31500
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	518
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	150
Total Liabilities	668
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity*	31500

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$40 a Hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Dodge	2014 Grand Caravan	2C4RDGBG4ER418976	6050



Binder For State Farm Automobile Insurance

Policy Number:

Policy Owners (Named Insureds)

ROSS, CURTIS

Agent

Adam Cantrell
8096 Rivers Ave Ste C
N Charleston, SC 29406-9243
(843) 203-4448

Mailing Address

2305 PEACE ST
CHARLESTON, SC 29405-9338

Vehicle

Application

Year: 2014
Make: DODGE
Model: GRAND CARAVAN
Body Style: SE 2WD SPORT VAN GAS
VIN: 2C4RDGBG4ER418976

Effective date: 03-30-2015
Application date: 03-30-2015
Application time: 01:32:34 PM CDT

Lending Institution

NAVY FEDERAL CONSUMER LOAN AND AUTO LEASING - LIENS
PO BOX 3002
MERRIFIELD, Virginia 22119-3002

No coverage is provided for your lending institution or leasing company if Comprehensive and Collision coverages are not included on the policy. If you did not select those coverages, you may need to contact your State Farm agent to discuss adding those coverages to your policy.

The premium shown below must be in compliance with the Company's rules and rates and is subject to revision. The premium amounts shown below do not include the additional fees required if the monthly payment plan was selected.

Coverage Applied For
Liability - Bodily Injury / Property Damage

Limits/Deductibles (* denotes thousands)
\$500/\$500/\$25 *

Six Month Premium
\$529.43

Comprehensive Deductible	\$500	\$104.55
Collision Deductible	\$500	\$174.51
Uninsured Motor Vehicle	\$25/\$50/\$25 *	\$16.52
Underinsured Motor Vehicle	\$25/\$50/\$25 *	\$42.55
Total 6 month premium --		\$867.56
Payment received ()		-\$0.00
Balance due		\$867.56

Premium adjustments

Multiple Line Discount
3 Star Discount
Annual Mileage

During the past 5 years has any driver or household member had
A major violation? No
Auto insurance refused, canceled, or received notice of such
intent? No
License suspended, revoked, or refused? No
Does any driver have
An at-fault accident within the last 3 years? No
A minor violation within the last 3 years? No
Primary use of vehicle? Business

State Farm Fire and Casualty Company of Bloomington, Illinois, hereby binds coverage for the insurance applied for as of the requested effective date for a period of 60 days from such date, subject to all the terms and conditions of the applicable policy and endorsements in current use by such Company. Coverage under this binder will terminate (1) when the Declarations Page of a policy is issued to you or (2) when canceled in accordance with law.

The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.

Consumer reports, including credit and insurance loss history reports, may be ordered in conjunction with this application. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. These reports provide information that assists with determining your eligibility for insurance and the price you are charged. A brochure explaining how State Farm uses insurance scores is available upon your request.

By submission of this application, you agree that: (1) you have read this application, (2) your statements on this application are correct, (3) statements made on any other applications on this date for automobile insurance with this company are correct and are made part of this application, (4) you are the sole owner of the described vehicles except as otherwise stated, and (5) the limits and coverages were selected by you. **It is further understood and agreed that no insurance is effective under this agreement (A) unless the binder is completed designating the company accepting this application or (B) until the date the policy or binder is issued by the company accepting this application.**

IB SC .6 (rev 01/2015)

Exhibit Fit, Willing, and Able (FWA)

Curtis Ross

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☒ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

<u>Title of Applicant (e.g. President, Owner, etc.)</u>	<u>Managing member</u>

STATE OF SOUTH CAROLINA
COUNTY OF Charleston

SWORN TO BEFORE ME

This 1st day of April, 2015

Notary Public

Commission Expires 4/3/2018

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FILM PRODUCTION FUNDING, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 16th, 2012, with a duration that is until Tuesday, February 16, 2112, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 16th day of
February, 2012

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Feb 16 2012

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

120216-0236

Filed: 2/16/2012

FILM PRODUCTION FUNDING, LLC

Filing Fee: \$135.00 ORIG

Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is FILM PRODUCTION FUNDING, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

3357A RIVERS AVE

Street Address

N CHARLESTON SC

City

294057724

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

CURTIS ROSS

Name

Electronically filed on SCBOS.
Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

3357A RIVERS AVE

Street Address

N CHARLESTON SC

City

294057724

Zip Code

4. The name and address of each organizer is

a) CURTIS ROSS

Name

3357A RIVERS AVE

Street

N CHARLESTON

City

SC US

State

294057724

Zip Code

5. ☒ Check this box if the company is to be a term company. If so, provide the term specified:
100 YEARS
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2012-02-16